

Janet Napolitano Governor

## ARIZONA DEPARTMENT OF ECONOMIC SECURITY DIVISION OF CHILD SUPPORT ENFORCEMENT (602) 252-4045 P.O. BOX 40458 PHOENIX, ARIZONA 85067

Tracy L. Wareing Director

## NON-CUSTODIAL PARENT REQUEST FOR REVIEW OF ARREARS

Name	Phone Number		
Address			
City	State	Zip Code	
RE: ATLAS Case No	Today's Da	Today's Date	
	nd payment records / debt information do not agree with the arrears / debt ba		
	to the custodial parent; I am providing Payments from the custodial parent.	copies of cancelled checks or an	
☐ The child(ren) is/are emancip	ated, deceased or adopted. (Proof mu	ust be attached.)	
☐ I do not owe <b>any</b> past-due su	pport. (Proof must be attached.)		
☐ My court order was changed	and DCSE records do not show the cl	nanges. (Proof must be attached.)	
☐ A legal change in custody wa	s made; the court order is attached.		
☐ DCSE does not have a comp	lete pay history. A payment history is	attached.	
Other:	e of this document to list your reasons for your reque		
If necessary use the other side	e of this document to list your reasons for your reque	est.	
Non-Custodial Parent's Signature			
SEND COMPLETED FORMS TO:	DCSE Administrative Review Unit		
CEND COM LETED FORMS TO.	P.O. Box 40458 Phoenix AZ 85067		

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Child Support Enforcement at 602-252-4045; TTY/TDD Services: 7-1-1.